


EXHIBIT 7

MVA3000

Page 1 of 1

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MVA3000 is a weakened form of smallpox vaccine that is being developed for use in people for whom the traditional smallpox vaccine is contraindicated, such as patients with disorders of the immune system or skin conditions such as eczema.

Acambis, and our partner Baxter Healthcare Corporation, are co-developing and clinically testing our MVA3000 vaccine under contracts with the US National Institute of Allergy and Infectious Diseases (NIAID). These contracts require clinical testing of the vaccine and manufacture of up to three million doses under an Investigational New Drug application.

A Phase I trial to test the safety, tolerability and immunogenicity of MVA3000 in 88 healthy adult subjects who had not previously been vaccinated against smallpox has been completed. The data show that, after two doses were administered at the highest dose level, 97% of the subjects developed vaccinia virus-specific antibodies by the ELISA assay and 82% developed vaccinia-neutralising antibodies.

Additional Phase I trials in target population subjects with HIV or atopic dermatitis are scheduled to start in the second half of the year. As part of the NIAID contracts, a Phase II trial of MVA3000 is planned to start in the coming weeks.

The US Government has issued a draft Request for Proposals for a third contract to supply MVA vaccine, to which we have responded. We continue to expect that the final RFP for this major stockpiling contract will be issued in next few weeks and awarded towards the end of 2005.

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Home | Contact us | Search

Go

About Acambis

Products

Investors

Media



Print this page

Home » Media » News »

Acambis announces start of MVA3000 Phase II trial

14 July 2005

News

Press kits

Media contacts

Cambridge, UK and Cambridge, Massachusetts – 14 July 2005 – Acambis plc ("Acambis") (LSE: ACM, NASDAQ: ACAM) today announces that it has commenced a Phase II clinical trial of its investigational MVA smallpox vaccine, MVA3000. Acambis is co-developing MVA3000 with its process development and manufacturing partner Baxter Healthcare SA ("Baxter").

MVA vaccines are a weakened form of smallpox vaccine. MVA3000 is being developed for use in people for whom the traditional smallpox vaccine is contraindicated, such as patients with disorders of the immune system or skin conditions such as eczema. The US Government plans to procure a stockpile of MVA as part of its defence against the threat of smallpox virus being used as a bioterrorist weapon.

The Phase II trial is designed to gather further safety and immunogenicity data about MVA3000 when administered at three different dose levels. The randomised, double-blind, placebo-controlled study will involve 700 healthy adult subjects, half of whom have been previously vaccinated against smallpox, and is being conducted at up to 10 sites in the US. Each subject will receive two doses of either MVA3000 or placebo, and the MVA3000 inoculations will be given across a broad range of doses. Data from this study will be used to select a dose of MVA3000 for further clinical testing.

In April, Acambis announced results from a Phase I safety and immunogenicity trial of MVA3000, in which 97% of subjects vaccinated at the highest dose level seroconverted to vaccinia virus-specific antibodies (determined by enzyme-linked immunosorbent assay) and 82% seroconverted to vaccinia neutralising antibodies (determined by plaque-reduction neutralisation testing) after two doses. No subjects experienced unexpected or serious adverse events.

Acambis' Chief Executive Officer Gordon Cameron commented:

"The MVA3000 trial results to date have been exactly in line with our expectations of the vaccine's profile and we are confident this will continue in our Phase II trial. Under existing contracts with the US Government, we are also preparing for additional Phase I/II trials in target population subjects with HIV and atopic dermatitis and remain on schedule to commence these later this year.

"In the meantime, we look forward to the US Government's issuance of an RFP for a stockpile of MVA vaccine. Having already delivered more than 180 million doses of our investigational ACAM2000 smallpox vaccine to the US stockpile, we bring unmatched experience to the US Government's efforts to create a stockpile of MVA vaccine. Our experience, combined with our ability to manufacture to commercial scale through our partnership with Baxter, puts us in a very strong position to bid for supply of the US MVA stockpile."

Acambis was awarded contracts by the US National Institute of Allergy and Infectious Diseases ("NIAID"), part of the US National Institutes of Health, in February 2003 and September 2004 for the manufacture of MVA3000 and a series of Phase I and Phase II clinical trials. The Phase II trial and subsequent Phase I/II target population trials of MVA3000 are part of the second NIAID contract.

Enquiries

Acambis:

Gordon Cameron, Chief Executive Officer

Tel: +1 (617) 761 4200

David Lawrence, Chief Financial Officer

Lyndsay Wright, VP, Communications and Investor Relations

Tel: +44 (0) 1223 275 300

Financial Dynamics:

David Yates/Lucy Briggs

Tel: +44 (0) 20 7831 3113

About Acambis

Acambis is a leading developer of vaccines to prevent and treat infectious diseases. Recognised internationally as the leading producer of smallpox vaccines, Acambis is developing an investigational smallpox vaccine, ACAM2000, and is manufacturing emergency-use stockpiles of this investigational vaccine for the US Government and other governments around the world. It is also developing an attenuated smallpox vaccine, MVA3000, under contracts with the US National Institutes of Health. Acambis is establishing a travel vaccines franchise through its US-based subsidiary Berna Products Corporation, which markets Vivotif®, the world's only licensed oral typhoid vaccine, in North America. Acambis has other potential travel vaccines in

Acambis announces start of MVA3000 Phase II trial

Page 2 of 2

development and is also developing an investigational vaccine against the West Nile virus, which has spread to 47 US States in the last six years.

Acambis is based in Cambridge, UK and Cambridge, Massachusetts, US. Its primary listing is on the London Stock Exchange (ACM) and its shares are listed in the form of American Depositary Receipts on NASDAQ (ACAM). More information is available at www.acambis.com.

About Acambis' NIAID contracts

Acambis has been awarded two contracts by the NIAID for the manufacture and development of its MVA smallpox vaccine, MVA3000. The first contract, awarded in February 2003, was for \$9.2m. The second, awarded in September 2004, is potentially worth up to \$131m, with a \$76m core component requiring clinical testing and manufacture of 500,000 doses of MVA3000, and an optional element worth \$55m for the manufacture of a further 2.5 million doses of MVA3000.

"Safe Harbor" statement under the Private Securities Litigation Reform Act of 1995:

The statements in this news release that are not historical facts are forward-looking statements that involve risks and uncertainties, including the timing and results of clinical trials, product development, manufacturing and commercialisation risks, the risks of satisfying the regulatory approval process in a timely manner, the need for and the availability of additional capital. For a discussion of these and other risks and uncertainties see "Risk management" in the Company's 2004 Annual Report and Form 20-F for the year ended 31 December 2004, in addition to those detailed on the Company's website and in the Company's filings made with the Securities and Exchange Commission from time to time. These forward-looking statements are based on estimates and assumptions made by the management of Acambis and are believed to be reasonable, though are inherently uncertain and difficult to predict. Actual results or experience could differ materially from the forward-looking statements.

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Page 1 of 6

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Home | Contact us | Search

Go

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Cambridge, UK and Cambridge, Massachusetts – 10 May 2005 – Acambis plc ("Acambis") (LSE: ACM, NASDAQ: ACAM) announces its results for the first quarter ended 31 March 2005.

Key points

- > Acquisition of strategically important lyophilisation and fill/finish facility announced today (see separate news release)
- > Smallpox vaccine franchise update:
 - MVA3000 attenuated smallpox vaccine Phase I trial results in line with expectations: 97% seroconversion rate at the highest dose level
 - Draft Request for Proposals for US Government attenuated smallpox vaccine stockpiling contract expected shortly
- > Research and development update:
 - ChimeriVax-JE: Bridging trial completed; serology analysis underway. Duration of immunity study provides supporting data for ChimeriVax-JE as a single-dose vaccine
 - ChimeriVax-West Nile vaccine Phase I trial results reinforce earlier published data. 100% and 96% seroconversion at the low and high dose levels, respectively; plans for next trial underway
 - C. difficile Phase I trials to be initiated in the next few weeks
- > First results reported under International Financial Reporting Standards

Key financials (reported under IFRS)

First quarter ended 31 March	2005	2004
Revenue	£6.0m	£18.8m
Loss before tax	£(5.8)m	£(1.8)m
Basic loss per share	(4.1)p	(1.2)p
Basic loss per ADR	\$(0.15)	\$(0.04)
Cash	£94.3m	£130.1m

Gordon Cameron, Chief Executive Officer of Acambis, commented:

"Acambis has seen good progress since the beginning of the year with the clinical pipeline moving forward very much in line with our expectations. We have also announced today the acquisition of a fill/finish facility in the US, which is a significant step towards achieving our strategic goals.

"Revenues in the period reflected the existing ACAM2000 US Government contract nearing its successful completion. We anticipate a busy period of newflow through the second half of the year. In particular we look forward to hearing back from the US Government on our warm-base manufacturing proposal and the anticipated contract to supply MVA smallpox vaccine."

-ends-

A conference call for analysts will be held today (Tuesday, 10 May) at 9.30 am BST. For details, contact Mo Noonan at Financial Dynamics on telephone number +44 (0) 20 7269 7116. An instant replay of the call will be available until 17 May 2005 on telephone number UK: +44 (0) 20 7365 6427 and US: +1 617 801 6868. The pin code is 52686402. An audio webcast of the call will also be available via Acambis' website at www.acambis.com. The webcast replay will be available for 12 months until 10 May 2006.

Chairman's statement**Overview**

Our goal is to build Acambis into a fully integrated, profitable biopharmaceutical company, targeting infectious diseases with vaccines and other biological products, and generating predictable and sustainable revenues through both organic growth and acquisitions. To deliver that goal, we are focused on exploiting our smallpox

franchise to the full, driving the development of other products in our pipeline, developing and leveraging core capabilities and improving the predictability of our revenue stream.

I am pleased to report that, since the start of 2005, we have made good progress towards delivering those strategic aims by acquiring an important manufacturing capability and moving two key clinical projects towards the next stage of development.

Today, we have announced the acquisition of a lyophilisation (freeze-drying) and fill/finish manufacturing facility based in Baltimore, MD, US from BioReliance Corporation ("BioReliance"), a subsidiary of Invitrogen Corporation, for \$7.5m. This acquisition gives us control of the three principal stages of the vaccine manufacturing process – bulk production, purification and fill/finish – and provides the capability to take a vaccine from concept to commercialisation.

In our efforts to drive our vaccine development programmes forward, we have successfully achieved milestones in two of our projects, with results from Phase I trials of MVA3000, our Modified Vaccinia Ankara ("MVA") attenuated smallpox vaccine candidate, and ChimeriVax-West Nile, our vaccine candidate against the West Nile virus.

Corporate update

Fill/finish acquisition

As part of our strategy of bringing in-house core capabilities that are critical to our long-term success, we have acquired a US-based lyophilisation and fill/finish facility from BioReliance for a total of \$7.5m, comprised of \$3m in cash upfront plus a further \$4.5m payable over the next 12 years. This is a strategically important acquisition because worldwide Good Manufacturing Practice ("GMP") contract manufacturing capacity for lyophilisation, filling and finishing live, viral vaccines is increasingly limited.

The 58,000 sq ft facility became operational in 2000. It was designed to produce liquid or lyophilised material at a scale sufficient for clinical trials. We plan to undertake a \$4-6m expansion programme to establish GMP-compliant fill/finish operations at a commercial scale suitable for many of the vaccines in our development pipeline, including our ACAM2000 and MVA3000 smallpox vaccines, ChimeriVax-JE, ChimeriVax-West Nile and our vaccine candidate against *Clostridium difficile* ("C. difficile"). This facility also forms a core component of our warm-base production capability for ACAM2000 smallpox vaccine, for which we are in ongoing discussions with the US Government. Although we will incur additional operating costs in the near term, it is expected that the savings in subcontractor costs will more than offset these additional costs in the medium to longer term.

Smallpox vaccine franchise update

MVA3000

On 28 April, we announced results from a Phase I trial of our MVA attenuated smallpox vaccine, MVA3000. The work is being conducted under contracts awarded by the US National Institute of Allergy and Infectious Diseases ("NIAID"), part of the National Institutes of Health, and in partnership with our co-developer, Baxter Healthcare SA ("Baxter"), which is providing process development and manufacturing services.

The trial was designed to test the safety, tolerability and immunogenicity of MVA3000 in 88 healthy adult subjects who had not previously been vaccinated against smallpox. A comparator group of 22 subjects received a placebo. The data show that, after two doses were administered at the highest dose level, 97% of the subjects developed vaccinia virus-specific antibodies by the ELISA assay and 82% developed vaccinia-neutralising antibodies. No unexpected or serious adverse events were reported.

These results were very much in line with our expectations, based on the long history of clinical use of MVA vaccines and pre-clinical testing of our vaccine candidate. They give us a clearer picture of the candidate vaccine's clinical profile that increases our confidence for the upcoming trials. As part of the NIAID contracts, a Phase II trial of MVA3000 is planned to start in the coming weeks. Additional Phase I trials in target population subjects with HIV and atopic dermatitis are scheduled to start in the second half of the year.

We believe these clinical data further cement our position as a leading contender for US Government stockpiling contracts of attenuated smallpox vaccine. In addition to product data, we have an unrivalled track record in delivering on US Government biodefence vaccine contracts, experienced US-based clinical and regulatory teams, and Baxter's considerable manufacturing capability and expertise.

On 28 April 2005, Stewart Simonson, J.D. Assistant Secretary, Office of Public Health Emergency Preparedness of the US Department of Health and Human Services testified to the Senate Appropriations Subcommittee on Homeland Security that "to signal our intent to acquire a next-generation smallpox vaccine, we will be releasing a draft request for proposal for industry comment within the next two weeks". As a result, we continue to expect that the final RFP for the major stockpiling contract will be issued in the first half of 2005 and awarded in the second half.

ACAM2000

Data from the ACAM2000 Phase III trials are being analysed and, together with data from previous trials, assembled in preparation for a pre-Biologics License Application ("BLA") meeting with the US Food and Drug Administration ("FDA") that we expect to take place in the third quarter of this year. Assuming a successful outcome of that meeting, we remain on track to file the BLA in the second half of the year.

In March, we announced that we had submitted a proposal to the US Centers for Disease Control and Prevention ("CDC") to provide the US Government with a warm-base manufacturing capability. Discussions with the CDC about our proposal are ongoing. The acquisition of a fill/finish facility, announced today, provides a fully integrated supply chain for ACAM2000 based entirely on US soil, which formed an integral part of our proposal to the CDC.

VIG

Cangene Corporation ("Cangene") recently announced that its Vaccinia Immune Globulin ("VIG"), C-VIG, has been approved by the FDA. C-VIG is a hyperimmune product used to treat certain adverse reactions to smallpox vaccination. Acambis acts as sales agent to Cangene in markets outside North America in marketing the product to governments.

Travel vaccine franchise update**Vivotif®**

In the first three months of the year, sales of Vivotif, the oral typhoid vaccine marketed in North America by our subsidiary, Berna Products, were ahead of the same period last year. For part of the period, the competitor product has not been available and we are also reaping the benefits of recent successful marketing campaigns. We are continuing to explore other opportunities to acquire, in-license or co-market products that can be distributed by Berna Products.

R&D update**ChimeriVax-JE**

During the first quarter, we completed recruitment of the "bridging trial". The clinical phase of the bridging trial has now been concluded and serology analysis is underway. We are on track to meet our objective of initiating Phase III testing in the second half of the year.

Interim data from an ongoing duration of immunity study showed that neutralising antibody levels remained high at both six and 12 months after a single inoculation with ChimeriVax-JE, reinforcing our belief that our product will be effective as a single-dose vaccine.

ChimeriVax-West Nile

Results from a Phase I trial of our ChimeriVax-West Nile vaccine candidate will be presented tomorrow (Wednesday, 11 May) at the National Foundation for Infectious Diseases' Annual Conference on Vaccine Research in Baltimore, MD, US by our Chief Scientific Officer, Dr Thomas Monath. This is the first human clinical trial of a West Nile vaccine to be completed.

In the 80-subject safety and immunogenicity trial, 45 subjects received one of two dose levels of ChimeriVax-West Nile, 30 subjects received placebo and five subjects received a licensed yellow fever vaccine control. Of the subjects who received ChimeriVax-West Nile, 96% developed West Nile-neutralising antibodies at the higher dose and 100% at the lower dose. As previously reported, a serious adverse event was noted, which we believe was caused by strenuous exercise. There was no notable difference in the incidence of treatment-related reactions between the three groups.

We are now manufacturing ChimeriVax-West Nile clinical trial material at our Canton manufacturing facility. Through that process, we have optimised the vaccine formulation and will be using that material in the next clinical trial. Once the product is released and the revised Investigational New Drug application filed with the FDA, we plan to initiate the next trial in the second half of 2005.

C. difficile

We are preparing to initiate the first of two Phase I trials of our C. difficile vaccine in the next few weeks. In April, we presented data to the Society for Healthcare Epidemiology of America's 15th Annual Scientific Session, which indicated that a more virulent strain of C. difficile has developed that is causing significant problems in North America. Working alongside the CDC, Acambis scientists were able to identify that a strain of C. difficile responsible for an epidemic-level outbreak in a Canadian hospital produces much higher levels of toxins A and B than had been seen previously. At the hospital in question, the number of cases of C. difficile-

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Page 4 of 6

associated diarrhoea quadrupled from 35.6 per 1000 population to 156.3 per 1000 population between 1991 and 2003.

ARILVAX™

As highlighted at the time of our preliminary results announcement in March, discussions are ongoing with Chiron Vaccines, the owner and manufacturer of the ARILVAX yellow fever vaccine to which we have US marketing rights, about the project's timelines and regulatory strategy.

Outlicensing

Following our decision in 2004 not to continue development of certain of our vaccine programmes, we have been pursuing opportunities to out-license those programmes. Rights to our enterotoxigenic *E. coli* ("ETEC") vaccine against travellers' diarrhoea have been licensed to Cambridge Biostability Ltd ("CBL"), a Cambridge, UK-based vaccine development and stabilisation company. CBL will continue development of the vaccine, HoloVax-ETEC, and plans to conduct further clinical trials later this year. We have retained an option for an exclusive licence to market the vaccine in North America.

Financial review

To date, Acambis has prepared its primary financial statements under UK Generally Accepted Accounting Principles ("UK GAAP"). The financial results presented below are, for the first time, presented in accordance with the Group's accounting policies based on International Financial Reporting Standards ("IFRS") as adopted by the European Union. This unaudited results announcement for the three months ended 31 March 2005 is prepared in accordance with the IFRS accounting policies that are expected to apply in 2005. The 2004 comparator numbers in this statement for the three months ended 31 March 2004 and the full year ended 31 December 2004 have been restated under IFRS.

Also included in this statement, in appendices 1 to 4, we have restated our 2004 financial information under IFRS, describing our new IFRS accounting policies and reconciling previously reported UK GAAP results to IFRS results. The format of the primary statements under IFRS differs from that previously adopted by Acambis under UK GAAP, to reflect new IFRS requirements.

An overview of the impact of IFRS is provided on page 13 of this statement.

Trading results

The following section summarises the financial highlights for the three months ended 31 March 2005 ("Q1"). Unless stated otherwise, the comparative figures in parentheses relate to the equivalent three-month period in 2004.

Revenue in Q1 was £6.0m (2004 - £18.8m). The main sources of revenue were our fixed-price 155 million-dose smallpox contract with the CDC, our two contracts with the NIAID for MVA3000, product sales of Vivotif and revenue from sanofi pasteur in respect of the ChimeriVax-Dengue vaccine programme. Revenues from the CDC contract were lower in 2005 as the majority of work under this contract has already been completed; activities were focused on work required for the BLA submission, planned for later in the year. In 2004, revenues also included deliveries of ACAM2000 vaccine to the CDC.

Cost of sales also decreased in line with revenues to £3.9m (2004 - £12.4m) and represented costs on all of the above programmes except costs on the ChimeriVax-Dengue vaccine programme, which are recorded within R&D costs. Our gross profit margin in Q1 was 35.0% (2004 - 34.0%).

R&D costs increased slightly in Q1 to £7.1m (2004 - £6.6m) as a result of the progression of our projects into later stages of development and the process development and manufacturing work for our R&D projects.

Sales and marketing costs in Q1 remained at a similar level of £0.6m (2004 - £0.7m). Administrative costs reduced to £1.1m (2004 - £1.5m), as a result of the inclusion of £0.7m of restructuring costs in 2004.

During Q1, a non-operating expense of £0.1m (2004 - nil) was recorded as a result of the increase in the amount outstanding under our US dollar-denominated overdraft facility for our ARILVAX™ programme, caused by exchange rate fluctuations. Finance income increased in Q1 to £1.2m (2004 - £0.8m) as a result of the higher levels of cash throughout the period. Finance costs remained constant at £0.2m (2004 - £0.2m).

The pre-tax loss increased for the period at £5.8m (2004 - £1.8m) principally as a result of the lower level of revenue and associated gross profit.

The tax rate for the period was 24.1% (2004 - 27.8%). The higher rate in 2004 was as a result of the unwinding of deferred tax arising under IFRS.

Purchases of property, plant and equipment

Expenditure on purchases of property, plant and equipment in Q1 was lower at £0.4m (2004 - £0.8m), relating principally to the cost of redeveloping and expanding areas of our US R&D facility.

Balance sheet highlights*i) Cash/debtors*

The short-term investments and cash balance of the Group at 31 March 2005 stood at £94.3m (31 December 2004 - £101.8m). The reduction is largely as a result of expected working capital requirements in the quarter, notably tax payments. Trade debtors and other receivables decreased to £13.2m at 31 March 2005 (31 December 2004 - £15.6m), partly as a result of payments received from Baxter during the quarter.

ii) Inventory/current liabilities

Inventory levels decreased to £5.0m at 31 March 2005 (31 December 2004 - £6.0m). Inventory principally represents work-in-progress and finished goods in relation to our ACAM2000 and Vivotif vaccines.

Current liabilities at 31 March 2005 reduced significantly to £38.0m (31 December 2004 - £48.0m), principally as a result of payments made during the period. Our adopted method for recognising revenue under the ACAM2000 contract with the CDC, which involves the recognition of revenue in line with the degree of completion of the contract, continues to give rise to a difference between invoices submitted and amounts recognised as revenue. At 31 March 2005 this difference was £13.8m (31 December 2004 - £16.5m). This deferred revenue balance will continue to unwind during 2005 and 2006 as BLA activities progress.

iii) Lease financing and overdraft facilities

The combined balance on our two US dollar-denominated financing facilities reduced in the three months to 31 March 2005 to £12.5m (31 December 2004 - £13.0m) as a result of the US dollar-denominated lease-financing facility continuing to be repaid. The balance on this facility was £8.8m at 31 March 2005 (31 December 2004 - £9.4m). The balance on the ARILVAX™ overdraft facility at 31 March 2005 was £3.7m (31 December 2004 - £3.6m), the increase being attributable to an exchange rate movement in the quarter.

Summary and outlook for 2005

Our achievements in the first quarter ensure that we remain on track to deliver our 2005 goals, which form part of our longer-term strategy to build Acambis into a fully integrated, profitable biopharmaceutical company.

In terms of the smallpox franchise, we will move closer to submission of the ACAM2000 BLA with a pre-BLA meeting with the FDA expected in the third quarter of this year and await a final decision from the CDC on our warm-base manufacturing proposal. We look forward to seeing shortly, and commenting on, the US Government's draft RFP relating to the procurement of a stockpile of attenuated smallpox vaccine and are preparing ourselves to respond to the final RFP when it is issued.

Further pipeline progress is expected over the coming months with the initiation of a Phase II trial of MVA3000, two Phase I trials of our C. difficile vaccine, and completion of the ChimeriVax-JE bridging trial, which is the final step before progressing this vaccine into pivotal Phase III trials in the second half of the year.

We are also continuing to pursue opportunities to acquire, in-license or co-market products that can be channelled through our Berna Products infrastructure.

Alan Smith
Chairman

This announcement was approved by the Board of Directors on 9 May 2005.

Enquiries:

Acambis plc
Gordon Cameron, Chief Executive Officer Today: +44 (0) 20 7831 3113 Thereafter: +1 (617) 761 4200
David Lawrence, Chief Financial Officer Lyndsay Wright, VP, Communications and Investor Relations Today:
+44 (0) 20 7831 3113 Thereafter: +44 (0) 1223 275 300
Financial Dynamics: David Yates/Lucy Briggs Tel: +44 (0) 20 7831 3113

About Acambis

Acambis is a leading developer of vaccines to prevent and treat infectious diseases. Recognised

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Page 6 of 6

internationally as the leading producer of smallpox vaccines, Acambis is developing an investigational smallpox vaccine, ACAM2000, and is manufacturing emergency-use stockpiles of this investigational vaccine for the US Government and other governments around the world. It is also developing an attenuated smallpox vaccine, MVA3000, under contracts with the US National Institutes of Health. Acambis is establishing a travel vaccines franchise through its US-based subsidiary Berna Products Corporation, which markets Vivotif®, the world's only licensed oral typhoid vaccine, in North America. Acambis has a number of other potential travel vaccines in development and is also developing an investigational vaccine against the West Nile virus, which has spread to 47 US States since 1999.

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Print this page

[Home](#) ► [Media](#) ► [News](#) ►

Acambis granted "fast track" status for MVA programme

News

Press kits

Media contacts

Cambridge, UK and Cambridge, MA – 24 September 2004 – Acambis plc ("Acambis") (LSE: ACM, NASDAQ: ACAM) announces that its joint project with Baxter Healthcare SA ("Baxter") to develop a Modified Vaccinia Ankara ("MVA") vaccine has been designated as a "fast track" development programme by the US Food and Drug Administration ("FDA").

MVA is a weakened form of smallpox vaccine that is being developed for use in people for whom the traditional smallpox vaccine is contraindicated, such as patients with disorders of the immune system or skin conditions such as eczema.

Under the FDA Modernization Act of 1997, designation as a fast track product for a new drug or biological product means that FDA will take such actions as are appropriate to expedite the development and review of the application for approval of such product. It may also evaluate for filing, and commence review of, portions of an application for approval of a fast track product, under certain conditions.

Acambis is co-developing its MVA vaccine candidate with Baxter under a contract with the US National Institute of Allergy and Infectious Diseases.

-ends-

Enquiries:

Acambis:

Gordon Cameron, Chief Executive Officer
David Lawrence, Chief Financial Officer
Lyndsay Wright, Director of Communications
Tel: +44 (0) 1223 275 300

Financial Dynamics:

David Yates
Tel: +44 (0) 20 7831 3113

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Acambis announces significant progress on its MVA smallpox vaccine programme with publication of P... Page 1 of 2



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Acambis announces significant progress on its MVA smallpox vaccine programme with publication of Phase I trial results

28 April 2005

Cambridge, UK and Cambridge, Massachusetts – 28 April 2005 – Acambis plc (Acambis) (LSE: ACM, NASDAQ: ACAM) announces an update on its programme to develop and manufacture its Modified Vaccinia Ankara ("MVA") attenuated smallpox vaccine, MVA3000, with results from a Phase I clinical trial of MVA3000. Acambis is co-developing the MVA3000 vaccine with Baxter Healthcare SA ("Baxter"), which is providing process development and manufacturing services.

MVA3000 is a weakened form of smallpox vaccine that is being developed for use in people for whom the traditional smallpox vaccine is contraindicated, such as patients with disorders of the immune system or skin conditions such as eczema. Acambis was awarded contracts by the US National Institute of Allergy and Infectious Disease ("NIAID"), part of the US National Institutes of Health, in February 2003 and September 2004 for the manufacture of MVA3000 and a series of Phase I and Phase II clinical trials.

In the randomised, double-blind Phase I trial, Acambis investigated MVA3000's safety and immunogenicity profile in 88 healthy adults who had not previously been vaccinated against smallpox. In addition, a comparator group of 22 subjects received a placebo.

In subjects vaccinated at the highest dose level, 97% seroconverted to vaccinia virus-specific antibodies (determined by enzyme-linked immunosorbent assay) and 82% seroconverted to vaccinia neutralising antibodies (determined by plaque-reduction neutralisation testing) after two doses. No subjects experienced unexpected or serious adverse events.

Dr Thomas Monath, Chief Scientific Officer of Acambis, commented:

"These clinical trial results were exactly in line with our expectations, based on the long history of MVA and the pre-clinical testing profile of MVA3000. These results give us a clearer picture of the candidate vaccine's clinical profile that increases our confidence for the upcoming trials. We will start a Phase II safety and immunogenicity trial in healthy adults as planned in the coming weeks and are on schedule to commence additional Phase I trials in target population subjects with HIV and atopic dermatitis later this year."

The US Government has indicated its intention to procure a stockpile of an attenuated smallpox vaccine, such as MVA3000, as part of its defence against the threat of smallpox virus being used as a bioterrorist weapon, for which Acambis and Baxter plan to tender in due course.

Chief Executive Officer Gordon Cameron added:

"We have successfully completed all planned activities to date and have met every milestone and deadline since being awarded the NIAID contract in September 2004. These trial results have confirmed our expectations of MVA3000's clinical profile and, together with our strong track record in delivering on government contracts and ability to manufacture to commercial scale through our partnership with Baxter, reinforce our competitive edge in the MVA field. We are confident we are in prime position to bid for supply of the US Government's MVA stockpiling requirements."

All studies are being funded under the NIAID contracts. The MVA3000 programme has been designated as a "fast track" development programme by the US Food and Drug Administration.

Enquiries:

Acambis:

Gordon Cameron, Chief Executive Officer

Tel: +1 (617) 761 4200

David Lawrence, Chief Financial Officer

Lyndsay Wright, VP, Communications and Investor Relations

Tel: +44 (0) 1223 275 300

Financial Dynamics:

David Yates/Lucy Briggs

Tel: +44 (0) 20 7831 3113

About Acambis

Acambis is a leading developer of vaccines to prevent and treat infectious diseases. Recognised internationally as the leading producer of smallpox vaccines, Acambis is developing an investigational smallpox vaccine and is manufacturing emergency-use stockpiles of this investigational vaccine for the US

Acambis announces significant progress on its MVA smallpox vaccine programme with publication of P... Page 2 of 2

Government and other governments around the world. Acambis is establishing a travel vaccines franchise through its US-based subsidiary Berna Products Corporation, which markets Vivotif®, the world's only licensed oral typhoid vaccine, in North America. Acambis has other potential travel vaccines in development and is also developing an investigational vaccine against the West Nile virus, which has spread to 47 US States in the last six years.

Acambis is based in Cambridge, UK and Cambridge, Massachusetts, US. Its primary listing is on the London Stock Exchange (ACM) and its shares are listed in the form of American Depositary Receipts on NASDAQ (ACAM). More information is available at www.acambis.com.

About Acambis' NIAID contracts

Acambis has been awarded two contracts by the NIAID for the manufacture and development of its MVA smallpox vaccine, MVA3000. The first contract, awarded in February 2003, was for \$9.2m. The second, awarded in September 2004, is potentially worth up to \$131m, with a \$76m core component requiring clinical testing and manufacture of 500,000 doses of MVA3000, and an optional element worth \$55m for the manufacture of a further 2.5 million doses of MVA3000.

"Safe Harbor" statement under the Private Securities Litigation Reform Act of 1995:

The statements in this news release that are not historical facts are forward-looking statements that involve risks and uncertainties, including the timing and results of clinical trials, product development, manufacturing and commercialisation risks, the risks of satisfying the regulatory approval process in a timely manner, the need for and the availability of additional capital. For a discussion of these and other risks and uncertainties see "Risk management" in the Company's 2004 Annual Report and 2003 Form 20-F, in addition to those detailed on the Company's website and in the Company's filings made with the Securities and Exchange Commission from time to time. These forward-looking statements are based on estimates and assumptions made by the management of Acambis and are believed to be reasonable, though are inherently uncertain and difficult to predict. Actual results or experience could differ materially from the forward-looking statements.

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Pharmaceutical Research and Development
Cambridge, MA 02142
Tel: (617) 375-0000 Fax: (617) 375-0000

11 APR 2003

Acambis

cc: Patrick Saye

Peter Wulff
President & CEO
Bavarian Nordic A/S
Ved Amagerbanen 23
DK-2300 Copenhagen S
Denmark

MMR

PLH

PPI

BOS

AA

09 April 2003

Dear Peter

MVA Intellectual Property Rights

Thank you for your letter of March 27 2003.

You raise two issues in your letter; our ability to perform the US contract awarded to us under RFP NIH-NIAID-DMID-03-44 and our ability to commercialise MVA outside of the US contract. You claim that Bavarian Nordic (BN) has some intellectual property rights covering the strain of MVA provided to Acambis by the NIH, though you are not specific as to the nature of those rights.

1) US Contract

Whilst the MVA agreement under which the strain was provided to us by NIH does not warrant the scope of any third-party intellectual property rights, the terms of the NIH MVA contract authorize the contractor(s) to develop and manufacture the MVA vaccine without regard to third-party patent rights. Thus, even if BN were to have intellectual property rights protected by patents, that would not adversely affect our ability to satisfy the U.S. Government's requirements.

2) Commercialisation outside of the US

Acambis intends to market the vaccine for commercial sales as well as to the US government, but our commercialisation plan is proprietary to Acambis and, as such, cannot be shared with BN, given that you are a competitor for both the US Government and commercial markets. Should Acambis later determine that commercial sales of MVA may infringe any third-party intellectual property rights, we will at that time entertain discussion of potential licensing agreements.

We have carried out a thorough search of patents with our attorneys and cannot find any issued patents which are relevant to our activities. Perhaps you could be more specific as to what relevant intellectual property rights you have which you believe are relevant. In the absence of any specific rights, I suggest that you refrain from making further private or public allegations that Acambis is infringing BN's intellectual property rights.

Yours sincerely

